

## HISTORY FACILITY PROFILE

MEDALLION MANOR  
1701 W 600 S  
PROVO UT 84601  
STATE'S REGION CODE: 001

PROVIDER #: 46G014  
PHONE NUMBER: (801) 375-2710  
PARTICIPATION DATE: 07/01/1984

FACILITY BEDS  
375-2710  
CERTIFIED: 45

TYPE ACTION: RECERTIFICATION  
TOTAL: 45  
TYPE OWNERSHIP: PRIVATE PROPRIETARY

COMPLIANCE STATUS: FACILITY MEETS REQUIREMENTS BASED ON AN ACCEPTABLE PLAN OF CORRECTION

RESIDENT CENSUS ON 09/10/2002		LTC AGREEMENT DATES		TOTAL CERTIFIED BEDS: 45			
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TOTAL:	41	BEGINNING:	11/01/2002	18	18/19	19	ICF/MR
MEDICARE:	0	ENDING:	08/31/2003	--	----	--	-----
MEDICAID:	0	EXTENSION:					45
OTHER:	0	ADMISSION SUSPENDED:					
		SUSPENSION RESCINDED:					

## CURRENT SURVEY REVISIT DATES - NONE

PRIOR 3 SURVEY	PRIOR 2 SURVEY	PRIOR 1 SURVEY	CURRENT SURVEY	PLAN/DATE OF CORRECTION	PROGRAM REQUIREMENTS
09/1999	09/2000	08/2001	09/10/2002		
X	X				STD W0108-COMPLIANCE WITH SAFETY LAWS
X	X	X			STD W0109-COMPLIANCE WITH SANITATION LAWS
	X				STD W0112-INFORMATION IN CLIENT RECORDS KEPT CONFIDENTIAL
		X			STD W0120-OUTSIDE SERVICES MEET NEEDS OF CLIENTS
	X	X			* W0196-EACH CLIENT MUST RECEIVE ACTIVE TREATMENT PROGRAM
		X	X P	12/05/2002	STD W0341-CONTROL OF COMMUNICABLE DISEASES
		X			STD W0368-DRUGS ADMINISTERED IN ACCORDANCE WITH PHYSICIANS ORDERS
		X	X P	12/05/2002	STD W0369-ALL DRUGS ADMINISTERED WITHOUT ERROR
X		X	X P	12/05/2002	STD W0371-CLIENTS TAUGHT TO SELF - ADMINISTER DRUGS IF APPROPRIATE
		X			STD W0390-OUTDATED DRUGS REMOVED FROM USE
		X			STD W0391-DRUG CONTAINERS WITH WORN, ILLEGIBLE LABELS REMOVED FROM
	X				STD W0434-FLOOR SURFACES PROMOTE MAINTENANCE OF SANITARY CONDITIONS
	X				STD W0454-SANITARY ENVIRONMENT TO AVOID INFECTION
	X				* W0460-CLIENTS RECEIVE NOURISHING, WELL - BALANCED DIET
	X				STD W0472-FOOD SERVED IN APPROPRIATE QUANTITY
X					STD W0488-CLIENTS EAT IN MANNER CONSISTENT WITH DEVELOPMENT LEVEL

## EDITION OF LSC APPLIED

PRIOR 3 SURVEY	PRIOR 2 SURVEY	PRIOR 1 SURVEY	CURRENT SURVEY	PLAN/DATE OF CORRECTION	LSC DEFICIENCIES - BLDG NO. 01
09/1999	09/2000	08/2001	09/10/2002		
	X				K0016-FLOOR FINISH
	X				K0018-CORRIDOR DOORS
X					K0046-EMERGENCY LIGHTING
			X P	12/05/2002	K0047-EXIT SIGNS
X					K0054-SMOKE DETECTOR MAINTENANCE
			X F		K0056-AUTOMATIC SPRINKLER SYSTEM
X		X	X P	12/05/2002	K0062-SPRINKLER SYSTEM MAINTENANCE
		X			K0069-COOKING EQUIPMENT
			X P	12/05/2002	K0130-OTHER

TYPE OF DEFICIENCY	CURRENT SURVEY	PRIOR 1 SURVEY	PRIOR 2 SURVEY	PRIOR 3 SURVEY
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CONDITION	0	0	0	0
STANDARD	3	9	8	4
REGIONAL OFFICE FLAG (INCLUDES COPS)	0	1	2	0
HEALTH TOTAL	3	9	8	4
LIFE SAFETY CODE	4	2	2	3
LIFE SAFETY CODE + HEALTH	7	11	10	7

STATUS OF DEFICIENT COPS  
CURRENT SURVEY

	DEFICIENCY NOT CORRECTED	DEFICIENCY CORRECTED AFTER APPROVAL	REPEAT COP DEFICIENCY
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COP	0	0	0

## COMPLAINT SURVEY INFORMATION

SURVEY DATE	STATUS
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11/09/1998	UNSUBSTANTIATED
09/20/2000	UNSUBSTANTIATED
01/14/2002	SUBSTANTIATED

## FMS SURVEY INFORMATION

\* NO FMS SURVEYS FOR THIS FACILITY

C=DATE OF CORRECTION N=NO DATE GIVEN P=PLAN OF CORRECTION R=REFUSED TO CORRECT W=WAIVED X=DEFICIENT

\* = REGIONAL OFFICE FLAG (INCLUDES COPS) ELE = ELEMENT STD = STANDARD COP = CONDITION